# *Michigan Association of Health Plans*

**House Health Policy Committee**
**May 17, 2012**

***Testimony of Michigan Association of Health Plans in opposition of HB 5643***



Good morning Madam Chair and members of the committee, my name is Christine Shearer, Legislative Director of the Michigan Association of Health Plans. MAHP fully supports efforts to educate the public about the dangers of drug abuse. MAHP works with stakeholders in the health care system to raise awareness about the misuse and abuse of prescription drugs. We take this issue and efforts to fight it seriously, but the issue addressed in HB 5643 is one of market-share as opposed to drug safety.

MAHP has the following concerns with HB 5643:

1. FDA has not approved the tamper-resistant technology itself nor have they indicated that it would curb addiction without further research.
2. Currently, a legitimate reference to interchange is available, the FDA Orange Book. Adding a State Board to the process seems unnecessary and redundant.
3. Not all opioid products should be available in tamper resistant formulations. What about the needs of the elderly, patients with G and/or J tubes, hospice patients and pediatric patients that need formulations that can be crushed.
4. Tamper resistant technologies will only curb the abuse of opioid drugs that are injected or snorted and will not deter the abuse of those medications taken orally.
5. Currently a process exists in which would prohibit a substitution or interchange of a medication prescribed –DAW.
6. Cost of tamper resistant opioids are considerable higher. The national average price of a brand name drug (where a generic is available) is $171.94, while the national average price of generic drug is $22.29
7. Abuse could be greatly decreased if prescribers, all of them, utilized MAPS.
8. The requirement of the pharmacist to contact a prescriber to obtain consent to substitute, creates barriers that will unnecessarily increase patient and overall health care costs.
9. The use of the term "Tamper resistant is problematic. This bill uses the term "tamper resistant", "abuse resistance" " tamper resistant technology" interchangeably, but are not defined as such by the FDA.
10. This bill protects brand name products market share from generic competition which harms patients

Currently, generic medicines fill 75% of the prescriptions in the U.S., but account for only 22% of the total cost of prescription drugs, providing an enormous public health benefit.

The price disparities between brandname and generic drugs can be vast, the national average price of a brand name drug (where a generic is available) is $171.94, while the national average price of generic drug is $22.29.

The adoption of benefit mandates that do not promote evidence-based medicine may lead to lower quality of care, over utilization, and higher cost for possibly non-effective outcomes.

MAHP believes this is legislation is premature for the reasons stated above and would respectfully ask committee members to vote no on HB 5643 as currently written.

Thank you for the opportunity to testify. I am happy to answer any questions.